



# Incident Report

**Print Date/Time:** 07/20/2016 11:24  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00008329

**Incident Date/Time:** 5/3/2016 11:10:00 AM  
**Location:** 717 SR 9 NE  
LAKE STEVENS WA 98258

**Incident Type:** Collision  
**Venue:** Lake Stevens

**Phone Number:**  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Source:** 911  
**Priority:** 4  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0130-Rutherford

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MAHER, JORDAN					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**05/03/2016 : 11:11:58 SP0333 Narrative: CC, COLD, SUS INFO, RP WAITING NEAR TEALISH-BLU HONDA NEAR CONTOS, DOESN'T HAVE CELL PH**

# COLLISION REPORT



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E542060**

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14 9

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1 1 8 27

2

3

1 1 7 28

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3

0 1 29

1 5 30

1 1 2 31

2

3

1 1 2 32

2

3

FROM TO 3 7 33

FROM TO 0 0 34

4 35

9 36

37

38

39

40

1 41

1 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	160008329
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	05	-	03	-	2016	1110	31							0664	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
717 SR9	BLOCK NO.	
	MILE POST	

DISTANCE	200	00	MILES	N	E	S	W	OF (REFERENCE OR CROSS STREET)	STATE ROUTE 9
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	MAHER	FIRST NAME	JORDAN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	120 S TULLOCH RD
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CITY	SNOHOMISH	ST	WA	ZIP	982907502
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MAHERJM051NT	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08	-	30	-	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFU8880	STATE	WA	VIN#	JHMCDS630SC065771
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1995	MAKE	HOND	MODEL	ACD4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	OWNED BY DRIVER	VEHICLE NO. 1 SHADE IN DAMAGED AREA
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	61967DP	STATE		VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.		VEHICLE NO. 2 SHADE IN DAMAGED AREA
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	

OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E542060**

CASE # **1600008329**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

I responded to a hit and run private property collision. Vehicle 1 driver said that she was passing in front of the Safeway store and then turned east down aisle 2 on the south side of the lot. Driver of vehicle 1 said she passed a burgundy colored sedan. Vehicle 1 driver said that she saw vehicle 1 start to back out of the stall. Driver of vehicle 1 said that she stopped and watched as vehicle 2 hit vehicle 1 in the left front quarter panel. Driver of vehicle 2 exited and blamed the accident on vehicle 1 driver. Driver of vehicle 2 said his name was "Dave". The driver of vehicle 1 obtained a license plate which does not appear to be a valid plate. The plate returns to an Odyssey Van and the driver of vehicle 1 described the suspect vehicle as a maroon old "police car" looking sedan

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**05-04-16 06:12 PM**

DATED

PLACE SIGNED

APPROVED BY  
**M. HINGTGEN 0126**

DATE  
**5/10/2016 5:09:29 PM**

BADGE OR ID #	<b>130</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>11:12 AM</b>	TIME POLICE ARRIVED	<b>11:15 AM</b>
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REPORT NO. E542060

CASE # 160008329

DATE AND TIME OF COLLISION 05/03/16 11:10



Safeway 717 SR9 NE

